

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS MRS MR FIRST LAST SUFFIX  
Ms. Elizabeth Jane McCune

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE  
2704 Stone Oak Drive  
Fort Worth, TX 76109

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 926-9850

6 CAMPAIGN  
TREASURER  
NAME

MS MRS MR FIRST LAST SUFFIX  
Ms. Elizabeth Jane McCune

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
2704 Stone Oak Drive  
Fort Worth, TX 76109

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 926-9850

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
04 30 2009 THROUGH 07 15 2009

11 ELECTION

ELECTION DATE Year ELECTION TYPE  
Month Day Year  
05 09 2009 ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Ft. Worth City Council, District 3

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name

Address PO Box APT Suite # City State Zip Code

None

Additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Ms. Elizabeth Jane McCune

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

•• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

☐ additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

None



18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,184.32

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

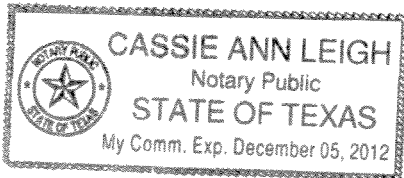
\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code

Elizabeth Jane McCune  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth McCune, this the 27 day of August 2009, to certify which, witness my hand and seal of office

Cassie Ann Leigh  
Signature of officer administering oath

Cassie Ann Leigh  
Printed name of officer administering oath

Personal Banker  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

*M3. Elizabeth Jane McCune*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.

**1** Total pages this Schedule B**1****2** FILER NAME**Ms. Elizabeth Jane McCune****3** ACCOUNT # (Ethics Commission files)**4**

TOTAL OF UNITEMIZED PLEDGES:

\$ **0****5**

Date

**6**

Full name of pledgor

☐ out-of-state PAC ID#**8**Amount of  
pledge (\$)**9**In-kind description  
(if applicable)**7**

Pledgor address:

City:

State:

Zip Code

(If travel outside of Texas, complete Schedule T)

**10**

Principal occupation / Job title (See Instructions)

**11**

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC ID#Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address:

City:

State:

Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC ID#Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address:

City:

State:

Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC ID#Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address:

City:

State:

Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC ID#Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address:

City:

State:

Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Ms. Elizabeth Tane McCune

3 ACCOUNT # (Ethics Commission Member)

4

TOTAL OF UNITEMIZED LOANS:

\$ 0

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address: City: State: Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address: City: State: Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#)

Loan Amount (\$)

Is lender a financial institution?

Lender address: City: State: Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address: City: State: Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

1

2 FILER NAME

Ms. Elizabeth Jane McCune

3 ACCOUNT # Ethics Commission file #

4 Date

5 Payee name

7 Amount (\$)

6 Payee address, City, State, Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 •• Complete if direct expenditure to benefit C/OH ••  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

100 90 80 70 60 50 40 30 20 10 0

2 FILER NAME

Ms. Elizabeth Jane McCune

3 ACCOUNT # Ethics (Commission Fees)

<b>4</b>	Date	<b>5</b> Payee name <hr/> <b>6</b> Payee address;                      City:    State:    Zip Code <hr/> <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>	<b>8</b>	Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended
	Date	Payee name <hr/> Payee address;                      City:    State:    Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended
	Date	Payee name <hr/> Payee address;                      City:    State:    Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended
	Date	Payee name <hr/> Payee address;                      City:    State:    Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended
	Date	Payee name <hr/> Payee address;                      City:    State:    Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended
	Date	Payee name <hr/> Payee address;                      City:    State:    Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)  <b>(If travel outside of Texas, complete Schedule T)</b>		Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H

2 FILER NAME

Ms. Elizabeth Jane McCune

3 ACCOUNT # (Ethics Commission use only)

4 Date

5 Business name

7 Amount (\$)

6 Business address: City: State: Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 •• Complete if direct expenditure to benefit C/OH ••  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule **1**

2 FILER NAME

**Ms. Elizabeth Jane McCune**

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

8

Amount  
(\$)

6 Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

Ms. Elizabeth Jane McCune

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G  
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G  
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G  
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission only)

## **3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

## **4 FILER WHO IS NOT AN OFFICEHOLDER**

•• Complete A & B below *only* if you are not an officeholder. ••

### **A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### **B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

## **5 OFFICEHOLDER**

•• Complete this section *only* if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder